** PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

Q67747

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18 to 6					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			Hab Cominus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0		1	X42=	•	OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			Ļ	TOTAL		OR	TOTAL	740
	C	LAIMS AS A	MENDED - PART II								OTHER THAN	
		(Column 1) CLAIMS	20	(Colu		(Column 3)		SMALL		OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus			=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	-
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			VDVII. FEE			ADDII. FEEI	*,,					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	100 mg	(Column 1)			mn 2)	(Column 3)					ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	a a	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		-X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AINA]=		X42=		OR	X84=	
	LIUSI PHESE	NTATION OF M	ULIPLE DEF	-ĖNDEN	CLAIM		'	+140=	<u> </u>	OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	nd in the app	oropriate box	c in co	lumn 1.	